| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004  |   |  |  |                                       |             |                                     |   |                     | Application or Docket Number |    |                            |  |
|--|---|--|--|---------------------------------------|-------------|-------------------------------------|---|---------------------|------------------------------|----|----------------------------|--|
|  |   | CLAIMS   |  | FILED - PART I  (Column 1) (Column 2) |             |                                     |   | SMALL ENT           | IITY                         | OR | OTHER THAN<br>SMALL ENTITY |  |
| U.S. NATIONAL STAGE FEES   |   |  |  |                                       |             |                                     |   | RATE                | FEE                          | ]  | RATE                       | FEE                                    |
| BASIC FEE  |   |  | SMALL ENT. = \$ 150  |                                       | LAR         | GE ENT. = \$ 300                    |   | BASIC FEE           |                              | OR | BASIC FEE                  | 3/10                                   |
| EXAMINATION FEE  |   |  | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                  |                                       |             | ther situations = 5 100 / \$ 200    |   | EXAM. FEE           |                              |    | EXAM. FEE                  | 210) 6                                 |
| SEARCH FEE .   |   |  | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                       |             | ther situations =<br>3 250 / \$ 500 |   | SEARCH FEE          |                              |    | SEARCH FEE                 | CHUIX                                  |
| FEE FOR EXTRA SPEC. PGS.   |   |  | minus 100 =  |                                       |             | / 50 =                              |   | X \$ 125 =          |                              |    | X \$ 250 =                 | 1                                      |
| TOTAL CHARGEABLE CLAIMS  |   |  | minus 20 =   |                                       | *           |                                     |   | X \$ 25 =           |                              | OR | X \$ 50 =                  |  |
| INDEPENDENT CLAIMS   |   |  | ( minus 3 =  |                                       | *           |                                     |   | X \$ 100 =          |                              | OR | X \$ 200 =                 | 1                                      |
|  |   | IDENT CLAIM PR   |  |                                       |             |                                     |   | + \$ 180 =          |                              | OR | + \$ 360 =                 |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |  |  |                                       |             |                                     | - | TOTAL.              |                              | OR | TOTAL                      |  |
|  | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3  CLAIMS HIGHEST NUMBER PRESENT |  |  |                                       |             |                                     | ſ | SMALL E             | ADDI-                        | OR | OTHER<br>SMALL E           |  |
| AMENDMENT A  |   | AFTER<br>AMENDMENT   |  | PREVIO<br>PAID                        |             | EXTRA                               | L | RATE                | TIONAL<br>FEE                |    | RATE                       | TIONAL<br>FEE                          |
|  | Total   | *  | Minus ,  | **                                    |             | =                                   |   | X \$ 25 =           |                              | OR | X \$ 50 =                  |  |
|  | Independent   | <u> </u>   | Minus  | ***                                   |             | =                                   |   | X \$ 100 =          |                              | OR | X \$ 200 =                 |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |  |                                       |             |                                     |   | + \$ 180 =          |                              | OR | + \$ 360 =                 | ······································ |
| ٠  |   | <del>-</del>   |  |                                       |             |                                     | - | TOTAL ADDIT.<br>FEE |                              | OR | TOTAL ADDIT.<br>FEE        |  |
| -  |   | (Column 1)   |  | (Colum                                | nn 2)       | (Column 3)                          |   |                     |                              |    |                            |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                |  | HIGHE<br>NUME<br>PREVIO<br>PAID F     | BER<br>USLY | PRESENT<br>EXTRA                    |   | RATE                | ADDI-<br>TIONAL<br>FEE       |    | RATE                       | ADDI-<br>TIONAL<br>FEE                 |
|  | Total   | *  | Minus  | **                                    |             | =                                   | ſ | X \$ 25 =           |                              | OR | X \$ 50 =                  |  |
|  | Independent   | *  | Minus  | ***                                   |             | =                                   |   | X \$ 100 =          |                              | OR | X \$ 200 =                 |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |  |                                       |             |                                     |   | + \$ 180 =          |                              | OR | + \$ 360 =                 |  |
|  |   |  |  |                                       |             |                                     | 7 | OTAL ADDIT.<br>FEE  |                              | OR | TOTAL ADDIT.<br>FEE        |  |
| ***  | f the "Highest Nu   | ımn 1 is less than the<br>ımber Previously Paio<br>ımber Previously Paio | For" IN THIS SPA   | CF is less                            | than '20    | l'enter "20"                        |   |                     |                              |    |                            |  |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.